# Application

Applicant Name: _____ Date: _____
Address: _____ Phone: _____
City: _____ State; _____ Zip: _____
Age: _____ Sex: _____ Primary Language: _____
Email: _____

Referring Agency or Person (*If applicable)*: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

***If Agency or Facility:***
Contact Person's Name: _____ Phone: _____

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Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced

Spouse Name: _____ Spouse moving in? ☐Yes ☐No

Race: _____ Religion: _____ Language: _____

Ambulatory Status: ☐ Walks Independently ☐ Cane (Single, Tri or Quad)
☐ Walker/Rolling Walker ☐ Electric Scooter/Wheelchair
☐ Wheelchair with Assistance ☐ Wheelchair – Self-Propels
☐ Other Device: *(Specify):*_____

Allergies: ☐Yes ☐No Describe: _____

Emergency Response Ability: ☐ Independent ☐ Needs Assistance

Describe Type of Assistance Needed: _____
_____

Hearing or Vision Deficits: _____

Speech, Reading or Writing Deficits: _____

History of Wandering: _____

Special Diet: _____

# Application

Any inappropriate or disturbing behaviors and how they are handled: _____
_____
_____
_____

ADL Needs:

☐ Bathing ☐ Dressing ☐ Toileting Assistance

☐ Bladder Incontinence ☐ Eating (describe: _____)

☐ Bowel Incontinence ☐ Grooming

☐ Continent ☐ Oral Care

Other Special Needs: (*Oxygen, Ostomy, Foley*, *Proxy Caregiver, etc.):* _____
_____

Short Term Memory Deficit: _____ Long Term Memory Deficit: _____

Impaired decision making: _____

Assistive Devices: (Seat Belt, Lap Pads, Bed Rails, etc.): _____

Hospitalizations or other inpatient care within the last 30 days: *(Place, Reason, Length of Stay)*
_____
_____

How did you hear about The Lodge at Bethany? _____
Referred by: _____

May we contact your physician for other medical information? ☐Yes ☐N

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

# Application

Additional information:

_____
_____
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_____
_____

_____ _____

Resident Signature Date

_____ _____

Resident Representative - Printed Name Relationship to Resident

_____ _____

Resident/Representative Signature Date

_____ _____

ALC Representative Signature Date

_____

Title